



Department of the Secretary of State

Bureau of Motor Vehicles

**Certification of Membership
Wabanaki Confederacy**

I certify that _____
Name Printed or Typed Date of Birth

whose address is _____ is a member
Address

of the following tribes: **Penobscot, Passamaquoddy, Maliseet, Micmac Tribe**

Signature of Tribal Official Office held by Official

Printed or Typed Name of Tribal Official Date